



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT "B" ACCOMPANYING FILING OF APPEAL BRIEF

12/BME
C. P.
3/26/04

APPLICANTS: Clasbrummel et al. CONFIRMATION NO. 4762
SERIAL NO.: 10.036,618 GROUP ART UNIT: 2125
FILED: December 21, 2001 EXAMINER: Carlos R Rodriguez Ortiz
TITLE: "METHOD AND APPARATUS FOR PREPARING AN ANATOMICAL IMPLANT"

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

RECEIVED
MAR 25 2004
Technology Center 2100

SIR:

Applicants herewith amend the application as follows, and request entry of the Amendment under the provisions of 37 C.F.R. § 1.116.

TELEPHONE (312) 258-5500

SCHIFF HARDIN & WAITE

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

CONFIRMATION NO.: 4762

In application of: Clasbrummel et al.

Serial No.: 10/036,618

GROUP ART UNIT: 2125

Filed: December 21, 2001

EXAMINER: C. R. Rodriguez

For: "METHOD AND APPARATUS FOR PREPARING AN ANATOMICAL IMPLANT"

AMENDMENT "B" ACCOMPANYING FILING OF APPEAL BRIEF

Commissioner for Patents

P. O. Box 1450

Alexandria, VA. 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

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CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	* 10	MINUS	** 20	X	() X 9.00 () X 18.00	
INDEP. CLAIMS	* 2	MINUS	3	X	() X 42.00 () X 84.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$140.00 () \$280.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$_____ is attached.

☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN & WAITE (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA. 22313-1450 on March 18, 2004

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

SIGNATURE

March 18, 2004

DATE